Intervention: Proyecto Vida

Culturally Appropriate Interventions of Outreach, Access and Retention among Latino/a Populations Initiative: An Intervention Monograph

Content developed by the Bienestar Human Services demonstration site staff with support from the Evaluation and Technical Assistance Center Team at UCSF

Contents

Introduction 2
AIDS Foundation of Chicago 7
AIDS Project Los Angeles (APLA) Health 21
Bienestar Human Services, Inc. 33
The Ruth M. Rothstein CORE Center 46
Prism Health North Texas 58
University of North Carolina, Chapel Hill 79
Philadelphia FIGHT 96
Gay Men's Health Crisis 104
NY City Health + Hospitals Correctional Health Services....114

Introduction

Disparities in HIV care

Despite rapid advances in the availability and quality of HIV care in the US, Latino/as continue to be disproportionately affected. Although Hispanics/Latinos only compromise about 16% of the total US population,[i] they account for 21% of people living with HIV and are infected at a rate three times higher than their non-Latino white counterparts.[ii] Along the HIV care cascade, Hispanics/Latinos demonstrate higher percentages of linkage, retention, and prescription of ART as compared to the national population. However viral suppression among the Hispanic/Latino population remains low with only 36.9% of HIV-infected Latinos achieving viral suppression.[iii] This may be attributed in part to the higher rates of delayed HIV diagnosis and delayed engagement in care among Latinos,[iv] which has been associated with poor health outcomes.[v,vi] Rates of delayed diagnosis and engagement in care are even more pronounced among foreign-born Latinos[vii] and those born in Mexico or Puerto Rico have lower survival at 36 months post AIDS diagnosis compared to those born in the U.S. and South America.[viii]

Barriers to linkage, engagement and retention in HIV care

A range of social and structural barriers impedes timely and consistent access to HIV care for Latinos. *Social factors*, such as discrimination and HIV stigma, can negatively affect health seeking behaviors of HIV-infected Latinos/as. HIV stigma has been associated with delayed HIV testing and entry into care and HIV discrimination in the health care setting is also a

strong deterrent to accessing HIV medical services.[ix,x] In addition, many *structural barriers* result from economic disparities affecting Latinos in the US. For example, many Latinos living with HIV struggle with competing needs - such as finding and keeping work and housing - that take priority over health care.[xi,xii] Structural barriers that particularly affect Latinos include lack of bilingual services in Spanish, low rates of health insurance coverage, and lack of transportation.[xii] For Latinos who are not citizens or in the US with official documents, fear of deportation can also reduce willingness to access care.[xiii,xiv]

Cultural factors can also result in delays when Latina/os living with HIV, particularly immigrants, enter medical care.[xv,xvi] Among Latina/os, cultural values such as *simpatia* (politeness and the avoidance of hostile confrontation), *personalismo* (the value of warm personal interaction), *respeto* (the importance of showing respect to authority figures, including health care providers), *familismo* (collective loyalty to extended family and commitment to family obligation) and *fatalismo* (the belief that individuals cannot do much to alter fate) can play a significant role in when they access HIV care as well as influence the decisions they make around issues of HIV care.[xvii,xviii] While these values are generalizations and may not apply to any individual patient, understanding them may help health care providers to understand a particular patient's behavior in the context of lager cultural inclinations.

Among Latinos/as, access to HIV testing and HIV medical care is further influenced by *country of origin and U.S. citizenship.* CDC reports indicate that approximately 55% of Latina/os born in Mexico and 58% of Latina/os born in Central America have a late diagnosis (defined as progression to AIDS within 1 year of diagnosis), compared to 40% of Puerto Ricans and other Latinos born in the U.S.[xix] Although HIV testing is available for all U.S. residents at public health clinics, regardless of citizenship status, accessing these services requires an understanding of how to navigate the health care system, which may be difficult for monolingual Spanish-speakers. Undocumented immigrants may have suspicion or anxiety about visiting health centers for fear that information about them will be released to other government agencies.[xx]

Transnationalism

The application of a standard set of cultural elements to interventions and programs targeting Latinos/as fails to take into account the heterogeneity of Latino cultural practices and values. Because Latino culture and identity often differ between and within countries,[xxi,xxii] it may be beneficial to incorporate a transnational perspective in order to take into account the unique experience of each individual. The transnational perspective takes into account the "duality" of the immigrant experience, exploring the immigrant's process of adapting to their host country while continuing to maintain connection to their country of origin.[xxiii] As a result, health seeking behavior may be influenced by more than one culture.[xxiv] The transnational framework looks specifically at the social, political, social and cultural ties of an immigrant to their place of origin.[xxiii-xxv] Taken together, research around social, structural and possible cultural barriers to care and research on how transnational practices influence care, suggest a need for novel and tailored intervention approaches to improve linkage and retention in care for Latinos living with HIV in the continental US.

This Initiative

Under the Health Resources and Services Administration's (HRSA) Special Projects of National Significance (SPNS) Program **Culturally Appropriate Interventions of Outreach, Access and Retention among Latino/a Populations,** nine demonstration sites are developing innovative methods to identify Latinos who are at high risk or living with HIV and out of care or unaware of their HIV-positive status, and improve their access, timely entry and retention in quality HIV primary care. This initiative is one of the first public health adaptations of the transnational approach, with interventions targeting HIV-infected Latino subpopulations living in the US that are specific to their country or place of origin.

This manual describes each of these interventions, including:

- The local epidemiology and unique needs of the populations served
- A description of each organization
- Key components of each intervention including outreach, recruitment, and retention strategies
- A logic model and/or a description of how each key intervention component addressed various stages of the HIV Care Continuum (e.g. linkage, retention, ART adherence, and viral suppression)
- Core intervention staff
- Description of community partners, when appropriate
- Staffing requirements and cost estimates
- Program planning and development needs
- Preliminary programmatic outcomes
- Important lessons learned

Funding

This project is/was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U90HA26507, Special Projects of National Significance (SPNS) Program Culturally Appropriate Interventions of Outreach, Access and Retention Among Latino/a Populations Initiative Evaluation and Technical Assistance Center, in the amount of $2,151,872 awarded to the University of California, San Francisco. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

Acknowledgments

We would like to acknowledge the nine demonstration sites for their contributions to this monograph as well as their dedication to the clients served by this initiative over the past five years.

References

[i] U.S. Census Bureau (2011). *The Hispanic population: 2010. 2010 Census Briefs.* Retrieved from https://www.census.gov/prod/cen2010/briefs/c2010br-04.pdf
[ii] Centers for Disease Control and Prevention (2016). *HIV Surveillance Report, 2015: vol. 27. Available from* http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html.
[iii] Gant Z, Bradley H, Hu X, et al. (2014). *Hispanics or Latinos living with diagnosed HIV: progress along the continuum of HIV care – United States, 2010. Morbidity and Mortality Weekly Report, 63(40). Retrieved from https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6340a2.htm.*
[iv] Chen NE, Gallant JE, and Page KR. (2012). *A systematic review of HIV/AIDS survival and delayed diagnosis among Hispanics in the United States. Journal of Immigrant and Minority Health,* 14(1): 65-81.
[v] Hoggs RS, Yip B, Chan KJ, et al. (2001). *Rates of disease progression by baseline CD4 cell count and viral load after initiating triple-drug therapy. JAMA,* 286(20):2568-77.
[vi] Egger M, May M, Chene G, et al. (2002). *Prognosis of HIV-1-infected patients starting highly active antiretroviral therapy: a collaborative analysis of prospective studies. Lancet,* 360:119-29.
[vii] Sheehan DM, Trepka MJ, and Dillon FR. (2015). *Latinos in the United States on the HIV/AIDS care continuum by birth country/region: a systematic review of the literature. International Journal of STD & AIDS,* 26(1):1-12.
[viii] Espinoza L, Hall HI, Hu X. (2012). *Diagnoses of HIV infection among Hispanics/Latinos in 40 states and Puerto Rico, 2006–2009. Journal of Acquired Immune Deficiency Syndrome*, 60(2):205–13.
[ix] Aziz M, Smith KY. Challenges and successes in linking HIV-infected women to care in the United States. Clin Infect Dis. 2011; 52 Suppl 2: S231-7.
[x] Block RG. Is It Just Me? Experiences of HIV-Related Stigma. Journal of HIV/AIDS & Social Services. 2009; 8(1): 1-19.
[xi] Keese MS, Natale AP, Curiel HF. HIV positive Hispanic/Latinos who delay HIV care: Analysis of multilevel care engagement barriers. Soc Work Health Care. 2012; 51:457-478.
[xii] Cavaleri MA, Kalogerogiannis K, McKay MM et al. Barriers to HIV care: an exploration of the complexities that influence engagement in and utilization of treatment. Soc Work Health Care. 2010; 49(10): 934- 45. doi: 10.1080/00981389.2010.514563.
[xiii] Kinsler JJ, Lee SJ, Sayles JN et al. The impact of acculturation on utilization of HIV prevention services and access to care among an at-risk Hispanic Population. J Health Care Poor Underserved. 2009; 20(4): 996- 1011. doi: 10.1353/hpu.0.0204.

Bienestar Human Services, Inc.

Project Name: Proyecto Vida

Location: Los Angeles, California

Agency:

BIENESTAR Human Services, Inc. is a grass roots, non-profit community service organization established in 1989. BIENESTAR originated as a direct result of lacking and non-existent HIV/AIDS services for the Latino community. BIENESTAR has been committed to enhancing the health and well-being of the community through education, prevention, and the provision of direct social support services. BIENESTAR provides services out of six offices located throughout Los Angeles: Hollywood, East Los Angeles, Pomona, San Fernando Valley, Long Beach and South Los Angeles. The Proyecto Vida intervention is provided out of each office.

Local Epidemiology:

BIENESTAR implemented an innovative project that targeted HIV-positive Mexican and Mexican Americans, primarily men who have sex with men (MSM), who were residing in Los Angeles County, California. Los Angeles County, with over 10 million residents, is the most populous county in the United States[1] and Latinos comprise the largest proportion (48.5%) of the total population.[1] Mexicans are the largest subgroup of Latinos in LAC, comprising 74.9% of the Latino population.[2]

According to the Los Angeles County Department of Public Health (DPH), an estimated 58,503 persons were living with HIV/AIDS in Los Angeles County as of December 31, 2014.[3] This represented the second largest number of persons living with HIV of any Ryan White jurisdiction in the U.S., after New York City. In Los Angeles County, the majority of Persons Living with HIV/AIDS (PLWH) are from communities of color, especially Latino communities. In 2014, Latino/as comprised the largest percentage (41.8%) of all PLWH and the largest percentage (46.2%) of all persons recently diagnosed.[3] Since 1997, more AIDS cases have been diagnosed among Latino/as than any other racial or ethnic group. In addition, since 2009, Latinos/as represent the largest proportion of new annual AIDS diagnoses of any racial or ethnic group in the region, suggesting that the number and rate of new infections in this population is continuing to increase.

The Latino/as sub-populations most affected by HIV/AIDS in Los Angeles County is MSM. In 2014, Latino MSM comprised the largest percentage (42%) of all new HIV infections in Los Angeles County.[3] In addition, Latino MSM represented 45% of all new HIV diagnoses among MSM of all racial or ethnic groups.[3] MSM comprised 75.9% of the Latino HIV epidemic (13,418 persons). In 2014, DHSP estimated that there were about 8,352 undiagnosed Latinos living in Los Angeles County.[4] Given that MSM comprised 83% of Latinos newly diagnosed BIENESTAR assumed an estimated 6,933

undiagnosed Latinos were MSM. Among HIV positive persons who were aware of their infection but had not been in care for the previous 12 months, DHSP estimated there were 18,668 PLWH who were not in care. More than half of this number (51.1% or 9,535 PLWH) were Latino; given that 75.9% of HIV+ Latinos are MSM, there was an estimated 7,237 Latino MSM who were aware of their HIV status but not in care.[4]

In Los Angeles County (LAC) and across the US, one of the major issues among Latinos is a pattern of testing late for HIV.[5,6] Latinos of Mexican descent have been found to be more likely than other Latino groups to have never been tested for HIV.[7] Latinos are also more likely than other groups to delay entry into care.[8] In addition, only 59% of HIV-positive Latinos in LAC are retained in medical care.[9]

There are numerous factors that contribute to delayed testing and entry into care for Latinos. Among Latinos in LAC, Wohl et al.[5] found five factors that were associated with late testing: older age, born outside the US, less than a high school education, completion of the study interview in Spanish, and a history of injection drug use. They subsequently found that completion of the survey in Spanish was the main predictor of late testing, after controlling for age, country of birth, education and injection drug use, suggesting that Spanish language was a key factor associated with late testing.

In addition, there are also cultural factors that may impact Mexicans' and other Latinos' health-seeking behavior. BIENESTAR's Director of Research and Evaluation, Dr. Frank Galvan, conducted research and published academic articles that have examined specific Latino cultural factors influencing the lives of HIV-positive Latino men. In one study, Dr. Galvan focused on Latino men's adherence to HIV medications.[10] This study sought to address the disparity in medication adherence that has been found between Latinos and Whites, with poorer medication adherence among HIV-positive Latinos compared to Whites.

While HIV/AIDS disproportionately affects the entire U.S. Latino population, there are significant within-group variations in national surveillance data that play out locally in Los Angeles as well. For example, Latinos born outside the U.S. have higher rates of HIV diagnoses compared to U.S. born Latinos.[11] This suggests that issues such as language, acculturation, and residency status may be contributing to the HIV/AIDS disparity experienced by Latino/a populations.

Proyecto Vida Program Overview

Program Description:

BIENESTAR in partnership with JWCH Institute, the Los Angeles Gay and Lesbian Center (LAGLC), Los Angeles Children's Hospital, AIDS Health Care Foundation, Rand Schrader Health & Research Center, Northeast Valley Health Corporation and AltaMed Health Services, implemented Proyecto Vida, an 18-month comprehensive, innovative and much-needed program designed to improve the timely entry, engagement and retention in quality HIV care for Mexican and Mexican Americas in Los Angeles County. We designed our program to respond to the needs of this community by utilizing the best and most innovative practices in the field and by leveraging our own organizational capacity and expertise, along with those of our clinical and clinic partners. This program is designed to respond to the specific needs of MSM of Mexican descent living with HIV and incorporates cultural values and norms(e.g., caballerismo, personalismo, familismo)

of relevance to this community. It also addresses potential barriers (e.g., machismo, HIV stigma) to identifying, engaging and retaining MSM of Mexican descent in HIV medical care).

Los Angeles County and BIENESTAR:

Los Angeles County covers an area of 4,751 square miles. BIENESTAR operates six different offices throughout Los Angeles County to meet the needs of the community across this vast area. Proyecto Vida is offered to Mexican and Mexican American MSM in Los Angeles County. Due to the size of Los Angeles, BIENESTAR partnered with multiple Federally Qualified Health Centers in Los Angeles County to make sure the needs of all community members were met. BIENESTAR originally only partnered with three medical clinics as part of this initiative (LA LGBT Center, Los Angeles Children's Hospital and Northeast Valley Health Corporation). Due to the size of Los Angeles and because clients were moving between neighborhoods, BIENESTAR established a MOU with additional medical providers to ensure geographically sensitive medical care could be provided for all those who enrolled in the program.

The Intervention:

BIENESTAR's Proyecto Vida is a culturally-specific innovative program designed to improve the identification, timely entry, engagement and retention in quality HIV care for Mexican and Mexican-MSM. Proyecto Vida's trained Linkage Coordinators/Peer Navigators (LC/PNs) facilitate the initial linkage to/engagement into HIV medical care. This intervention is based off the transtheoretical model and motivation interviewing. Once participants are linked to care, LC/PNs provide participants with ongoing support for 18 months, build their internal motivation, self-efficacy for remaining in care and adherence to their treatment protocol. To facilitate engagement and retention in care among all participating HIV-positive Mexican and Mexican-Americans, Proyecto Vida uses Motivational Interviewing coupled with a linkage to care/peer navigation intervention as its primary strategy. Proyecto Vida is a culturally-specific program that uses a variety Mexican cultural components in the aspects of the program (e.g., machismo/caballerismo, personalismo and familismo) that have been found to contribute to behaviors that enhance a participant's engagement with his HIV medical care.

Proyecto Vida implements Social Network Testing (SNT) (Kim et al., 2011; CDC, 2005) as the key strategy to identify Mexican heritage MSM who are HIV-positive but unaware of their status, as well as those who are at high-risk of acquiring HIV. SNT is a strategy that relies on HIV-positive (HIV+) and high-risk HIV-negative (HRN) individuals to identify peers at risk of contracting HIV within their social, sexual and drug-using networks and then refer them to the program. We chose this strategy not only because it is highly effective, but also because it directly addresses those factors that Mexican heritage MSM identify as barriers to testing (e.g., denial, stigma, distrust in service providers, etc.). Proyecto Vida uses HIV mobile testing vans and storefront testing to provide testing services to Mexican heritage MSM in locations that are frequented by them (e.g. bars, nightclubs, cruising sites, community events, health fairs, etc.).

Proyecto Vida is designed to be a peer-based intervention, with Linkage Coordinators/Peer Navigators reflective of the target population. LC/PN's express an understanding of the barriers Mexican heritage MSM may experience thereby easing their fears, providing knowledge, and facilitating a trusting

relationship with HIV service providers. This personalized approach increases the likelihood that more Mexican heritage MSM of unknown status get tested and engage in prevention services or HIV medical care.

The integration of Motivational Interviewing techniques into our service delivery also helps participants address whatever ambivalence they may have about accessing or remaining engaged in care. To meet the myriad needs of our participants that may fall beyond the scope of BIENESTAR's services, we enhance the agency's culturally-appropriate referral network. BIENESTAR's HIV mobile testing vans provide access to testing where it is most convenient for Mexican heritage MSM, and thus removing transportation barriers to testing, which was identified among the top five service needs of Latinos living with HIV in Los Angeles County (DHSP, 2011).

Key components of the intervention:

Social Network Testing: The primary goal of Social Network Testing (SNT) is to identify persons with undiagnosed HIV infection within various networks and link them to medical care and prevention services. SNT is a strategy that enlists HIV-positive people and High-risk HIV-negative people to recruit people from their social, sexual and drug-use networks for HIV-testing. To identify recruiters, we approach both our HIV-Positive and HIV-Negative clients and explain the program to them. We share a brief description of the program's purpose; what their participation involves; their roles as a recruiter; potential benefits the program might have for them and the network associates (NAs) they recruit for testing, and what risks might be involve in participation. After we identify recruiters, we coach them on how to approach associates about getting tested; about disclosing (or not disclosing) their own HIV status; how to respond to NAs' questions about HIV transmission risks, and how and where each NA can get HIV testing at BIENESTAR.

Mobile HIV Testing: Another strategy that we utilize to identify HIV-positive clients is mobile testing. We conduct testing via our mobile unit in the evenings, late evenings and weekends, making it extremely convenient for our clients to get tested when they are frequenting their regular venues.

Motivational interviewing-based linkage and peer navigation: In order to help clients resolve their ambivalence about accessing care or engaging in care, staff were trained in Motivational Interviewing (MI). MI, as defined by its founders, is a "person-centered goal-directed counseling method for helping people to change by exploring and resolving ambivalence" and draws upon the transtheoretical stages of the change model described above. MI is meant to be applicable to a wide variety of problem areas and is able to be delivered by a broad range of helping professionals.

Linkage: Once a person is diagnosed with HIV via our testing program, he immediately meets with one of two LC/PNs. The LC/PN will assess the client's emotional state and his readiness to enter medical care, drawing from the transtheoretical stages of change model. While the LC/PN will encourage the client to enter medical care as soon as possible, if the client is ambivalent, resistant or otherwise not ready, the LC/PN will not try to coerce him to do so. Instead, the LC/PN will address whatever needs the client may prioritize at that time.

Peer Navigation: Once a client is successfully linked to care, we utilize our peer navigation service to ensure he is engage

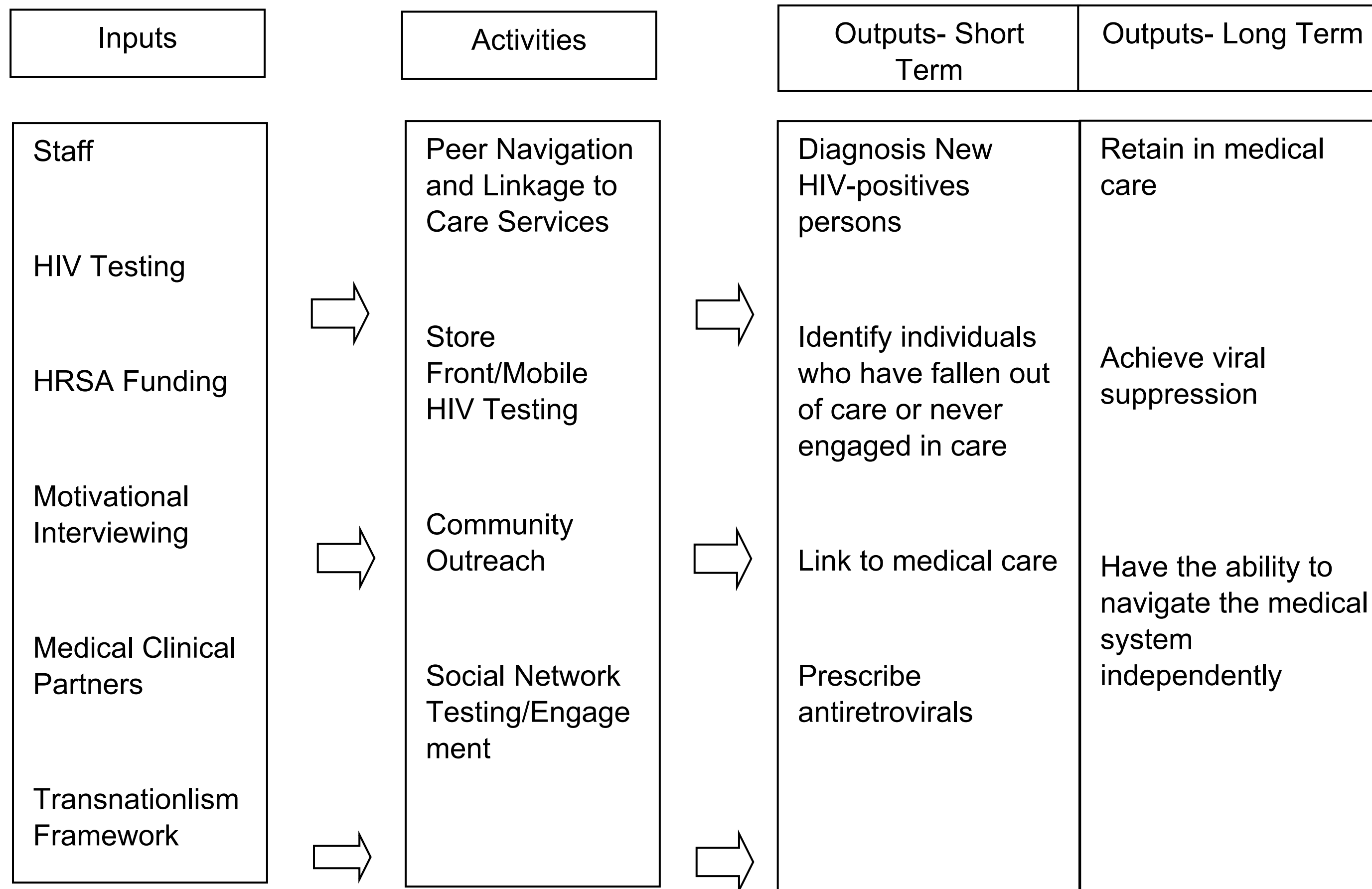
and retained in care. Our peer navigation intervention is designed to guide clients through Los Angeles County's complex medical system and facilitate their utilization of services in order to retain them in HIV care and increase their quality of life. Specific services provided by our LC/PNs include clinical appointment coordination and accompaniment; appointment coordination and accompaniment to social and other services at BIENESTAR and partner agencies; coaching clients to prepare them for their appointments; translation assistance; and the provision of HIV-related education and information. The success of the peer navigation strategy is dependent on our ability to build trusting relationship with our clients.

Transnationalism:

Prior to the intervention BIENESTAR evaluated journal articles on how cultural competency around nationality affects accessing medical care. BIENESTAR staff assessed the transnational status of the participants by using a transnationalism screening tool. This information was then used when working with participants. BIENESTAR staff learned about accessing HIV care in Mexico for participants who were visiting Mexico or moving back so there would not be a break in their HIV care.

Intervention Logic Model:

Below is where each key component of the program intersects with the HIV treatment cascade.



Community Partnerships:

In addition to clients that we recruited, BIENESTAR also created community partnerships to recruit for Proyecto Vida and provide medical and support services. In order to obtain referrals from other agencies, we actively promoted our program and worked to strengthen our established partnerships and build new partnerships in the community. One barrier we faced is that providers in the community may be reluctant to

support a new linkage/navigation program if they believe that it is duplicative of their work. Therefore, to promote our program, BIENESTAR clearly communicated the purpose of the program and created a MOU with our partners to clearly define the roles of each agency. BIENESTAR also clearly with identify the services provided by Proyecto Vida to reduce confusion when promoting the initiative.

List of Partners- We learned throughout this program that it was better to have multiple clinical partners because each partner has its strength and weakness. The role of the LC/PN was to find the clinic that was right for each client based on the client's needs:

- LA LGBT Center- Original Partner
  - Strength- Leading LGBT service provider in Los Angeles providing HIV Care, legal services, mental health service and other services.
  - Weakness- Only provides medical services in the Hollywood area, at times during the program had long waiting periods for medical appointments. Not a good referral source for clients who are not open about their sexuality.
- Los Angeles Children's Hospital-Original partner
  - Strength- Leading agency for providing medical care for LGBT youth under 25 years of age.
  - Weakness- No clients were linked to care due to their age restrictions (12-25 years old).
- JWCH Institute-Original partner
  - Strength- Provides HIV Care, dental services, housing services and other support services. JWCH does a great job getting people into care within 72 hours and does not have wait times experienced at other clinics.
  - Weakness- JWCH HIV clinic was located in Skid Row. Some clients did not like attending the clinic due to the neighborhood. Skid Row has extensive drug use. In the last year, JWCH has opened new clinics in other neighborhoods that might work better for clients with past drug use.
- AIDS Healthcare Foundation (AHF)
  - Strength- The largest HIV provider in Los Angeles County. Has multiple locations throughout Los Angeles County. Offers transportation assistance when linking new clients to medical care.
  - Weakness- AHF has struggled to retain medical providers which has frustrated clients and resulted in longer wait times between appointments.
- Northeast Valley Health Corporation
  - Strength- Provides HIV primary care and non-HIV primary care. Consistency in clinic staff which has helped build client rapport. In 2017 opened a new state of the art office.
  - Weakness- Only provided service in one area of Los Angeles. Clients faced

barriers with the clinic renewing their AIDS Drug Assistance Program (ADAP) paperwork.

- Rand Schrader Health & Research Center
    - Strength- County run HIV specialty clinic. County funded and provides medical services not cover with ADAP for those uninsured or undocumented. Offers late night hours on Tuesday.
    - Weakness- Only has one location. Wait times can be long due to some clients having to access care from the county.
- AltaMed
    - Strength- Very easy to access linkage team and get people into HIV care quickly, Spanish speaking front desk, office and medical providers.
    - Weakness- Took very long to develop a MOU.

Staffing

The following staff have been used to implement Proyecto Vida:

Program Director (In-Kind-.15 FTE): The Director is responsible for intervention program fidelity, recruiting new staff and program monitoring activities, financial reporting to the funder, and meets with linkage coordinator once a month.

Required trainings: NIH certification for Protecting Human Research Participants.

Program Manager (.50 FTE): Responsible for the overall daily coordination of the program activities; prepares reports and keeps accurate up-to-date records and documentation; acts as liaison with the program's medical providers to promote the goals of the program. Reports to the Program Director.

Training Required: Social Network Engagement; Peer Navigation; NIH certification for Protecting Human Research Participants.

Linkage Coordinator/Peer Navigator (2.0 FTE) : The LC/PN conducts outreach, recruits participants for intervention and facilitates the intervention. The LC/PN also conducts initial assessments, creates a plan to eliminate barriers to link and maintain participant in care. Reports to the Program Manager.

Trainings Required: HIV Test Counselor Certification; Basic II: HIV Test Counselor Certification; Motivational Interviewing; Social Network Engagement; Peer Navigation, NIH certification for Protecting Human Research Participants.

HIV Testing Counselor (.15 FTE) The HIV Testing Counselor provides pre and post-test counseling; assures compliance with all regulations and requirements of alternative test site programs and remains current with accurate information in the area of HIV/AIDS. Reports to the Program Director.

Trainings required: Basic I: HIV Test Counselor Certification; Basic II: HIV Test Counselor Certification, Motivational Interviewing, NIH Certification for Protecting Human Research Participants.

Program planning and development

Year 1 Pre-Implementation Activities: (Startup steps)

1. BIENSTAR submitted its application for study review for Proyecto Vida to the IRB, the Los Angeles County Public Health, and Health Services Institutional Review Board. BIENSTAR received preliminary comments from the IRB.
2. Hiring key program staff:
    - Two Linkage Coordinator/Peer Navigators
    - One Program Manager
    - Program Director (already in place)
3. Develop all initial local evaluation tools (may require later modification by IRB). Additionally, finalize all standard operation procedures (SOPs) and protocols.
4. Develop and enhance partnership with partner providers. Staff visit each clinic to notify them of the program and formalize the referral process when linking clients to medical care
5. Develop promotional material to be given out during outreach and to medical providers.
6. Discuss Proyecto Vida with BIENESTAR Community Advisory Boards (CAB). Get the CAB's input on promotional material.

Year 2 (Implementation)

- Proyecto Vida begins HIV testing.
- Proyecto Vida LC/PN begins to recruit for SNT recruiters.
- Proyecto Vida enrollment begins.
- Produces monthly reports of program progress.
- Holds monthly team meeting to review program progress and strategies.
- Continues to meet with medical providers to review linkage to care process.
- Continues to develop new MOU with other medical providers that can provide primary HIV-care.
- Posts promotional material online and in print where participants can access the program.

Year 3-5 (Implementation and maintenance)

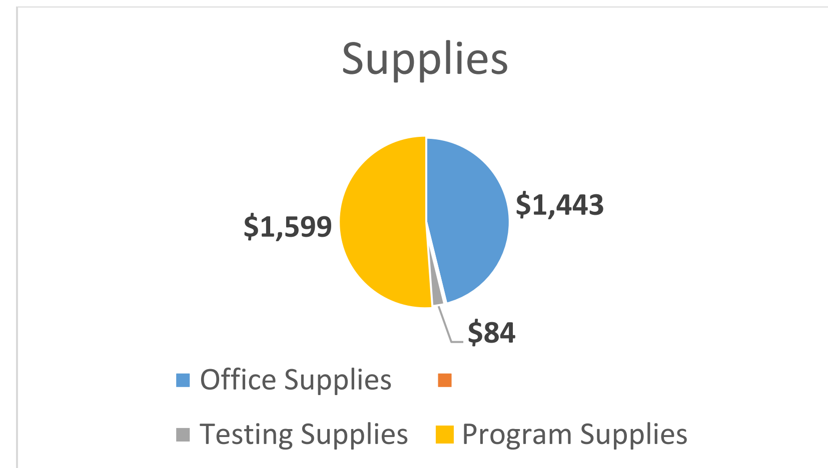
- Continues to provide services identified in Year 2.
- In Year 4, Proyecto Vida holds Gay Men's Wellness Conference. This conference was held based on the needs clients reported as part of Proyecto Vida. This conference was also a recruitment tool for the program to bring new Mexican and Mexican American MSM to BIENESTAR.
- In Year 5, Proyecto Vida hold retention events that offer fun activities for participants to come to BIENESTAR and for LC/PN to check in on their progress. These include movie night, St. Patrick's day party and Havana nigh.
- For participants who LC/PN have lost contact with staff verify their contact information with medical clinics.
- Barrier: BIENESTAR was not as effective in engaging participants for SNT and SNE. BIENESTAR hoped these strategies would help generate new participants but staff was unable to recruit participant for these strategies. BIENESTAR had multiple trainings for staff on these interventions but they did not improve the outcomes of these strategies. BIENESTAR has had

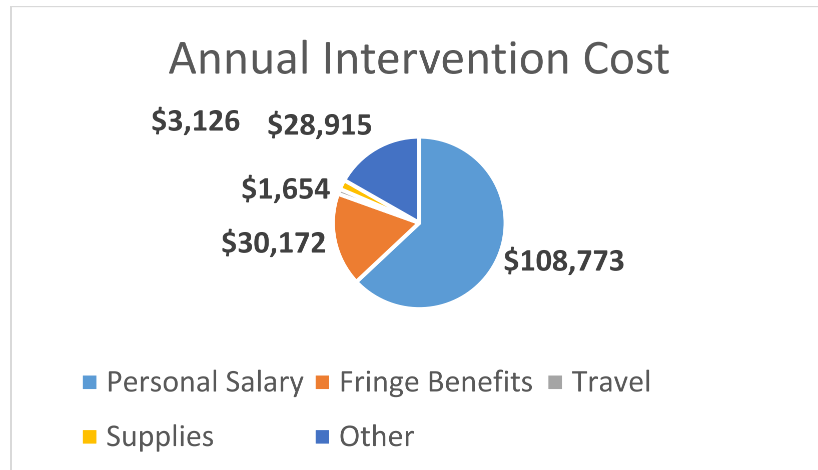
success with these recruitment strategies when working with Transgender women.

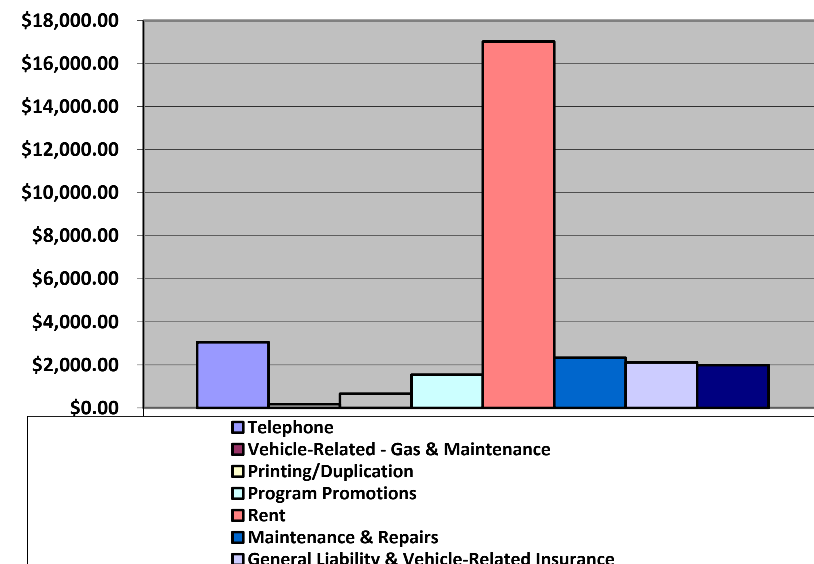
Intervention Participants' Outcomes:

Table 1: Demographic Outcomes	Total to Date Number and (%)
Total Enrolled:	104(100%)
Age: MEAN	M = 36
18-25	13 (13%)
26-35	43 (42%)
36-45	32 (31%)
46+	14 (14%)
Missing	2 (2%)
Place of Birth:	
USA	20 (20%)
Mexico	80 (78%)
Central American Country	1 (1%)
Puerto Rico	1 (1%)
Missing	2 (2%)
Stage of Care Continuum at Enrollment	
Newly Diagnosed	64 (62%)
Fallen out of care/never engaged in care	40 (38%)
Highest level of Education:	
4th grade or less	2 (2%)
Grade 5, 6, 7, or 8 (primary and two year of secondary)	22 (22%)
Grade 9, 10, or 11 (third year of secondary and two years of preparatory)	18 (18%)
Grade 12 or GED (or preparatory exam)	26 (26%)
Some college, Associate's Degree, or Technical Degree	23 (23%)
BA (Bachelor's Degree) or above	11 (11%)
Missing	2 (2%)
Relationship status:	
Single	75 (73%)
In relationship-living together	14 (14%)
In relationship-not living together	8 (8%)
Married	4 (4%)
Other	1 (1%)
Missing	2 (2%)
Client's passed away	3 (3%)
Dropped out of program	1 (1%)
Client that have moved back to Mexico	3 (3%)

Program Cost:
BIENESTAR spent $172,640 annually implementing Proyecto Vida. Below are tables documenting how this money was allocated. A few items are not included these estimates. First, BIENESTAR did not include its Indirect Charges that make up 29% of the total budget. Secondly, all cost associated with the evaluation component of the project are removed. Third, out of state travel expenses were removed. Finally, BIENESTAR did not include any of our incentives. As part of the evaluation, clients were given an incentive to come and complete a follow-up survey every six-months.







Lessons Learned:

These are things we wish we would have known before the program started.

Meeting client's needs:

- Housing was one of the biggest barrier clients had to retaining in care. Clients reported missing appointment or wanted to move to new clinics because of housing. In total, 46 clients reported some type of housing vulnerability. If we could do it again, Proyecto Vida would have tried to secure beds for some clients before the program started.
- Proyecto Vida would have developed MOUs with substance abuse treatment providers. Multiple clients suffered substance abuse needs during the program. This affected their ability to attend appointment with BIENESTAR and health care providers.
- Proyecto Vida would have worked legal assistance into its program. A majority of Proyecto Vida clients are not born in the US and a number do not have documentation. Multiple clients wished Proyecto Vida would have been able to provide them with legal counseling.

Medical providers:

- Proyecto Vida only got four referrals from its medical clinics. Medical clinics had clients who dropped out of care, but stated they could not notify BIENESTAR of these clients to assist with getting them back into care because of HIPPA. Proyecto Vida would have been more effective if before the program we reached agreements with these health clinics so that at enrollment clients agreed to let BIENESTAR contact them if they dropped out of care.
- Proyecto Vida did not enroll anyone at the Los Angeles Children's Hospital because of their age requirement. Proyecto Vida would not have spent so much energy on developing this relationship, but would have put it towards reaching other clinics.

Agency capacity:

- Proyecto Vida had three clients pass away during the program. BIENESTAR would have done more grief training for staff so their own needs were met.
- BIENESTAR would have offered more assistance around during the 2016 election. Many clients were concerned about how the election would affect the services they were receiving and the AIDS Drug Assistance Program (ADAP).
- BIENESTAR created other programing to recruit for Proyecto Vida. In Year 4 of the contract, BIENESTAR held a Gay Men's Wellness Conference. This event was for gay and bisexual men and offered an array of speaks on health issue, food, drag show and prizes. At the event Proyecto Vida staff were able to do HIV testing, outreach and recruit for SNT. BIENESTAR would have held this event sooner to help with recruitment and retention.

BIENESTAR had a few components in its original proposal that were not effective when the program was implemented. BIENESTAR was hoping to provide 6 one-on-one health education sessions to participants over the course of the 18-month intervention. It was difficult to have individuals come to the sessions especially after they had accessed care.

Individuals engaged in programing at the start of the program but once they had accessed care their focus was placed on employment and other priorities. BIENESTAR adjusted by trying to put these health education sessions at the start of the intervention. Nevertheless, turnout continued to be low.

References

1. US Census Bureau Quick Facts, 2016, https://www.census.gov/quickfacts/fact/table/ca,US/PST045217
2. Motel S, Patten E. The 10 largest Hispanic origin groups: characteristics, rankings, top Counties [Internet] Pew Research Center; 2012. Retrieved from http://www.pewhispanic.org/files/2012/06/The-10-Largest-Hispanic-Origin-Groups.pdf.
3.Division of HIV and STD Programs, Los Angeles County Department of Public Health. 2014 Annual HIV/STD Surveillance Report. http://publichealth.lacounty.gov/phcommon/public/reports/rptspubdisplay.cfm?unit=dhsp&ou=ph&prog=dhsp. Published February 2016.
5. Wohl, A.R., Tejero, J. and Frye, D.M. 2009. Factors associated with late HIV testing for Latinos diagnosed with AIDS in Los Angeles. *AIDS Care*, 21(9): 1203–1210. Traylor & Francis Online.
6. Lopez-Quintero C. Shtarkshall R. Neumark YD. Barriers to HIV-testing among Hispanics in the United States: Analysis of the National Health Interview Survey, 2000. AIDS Patient Care STDS. 2005;19:672–683.
7. Hu YW, Kinsler JJ, Sheng Z, Kang T, Bingham T, Frye DM. Using laboratory surveillance data to estimate engagement in care among persons living with HIV in Los Angeles County, 2009. AIDS Patient Care STDS. 2012 Aug;26(8):471–478.
8. Frank H. Galvan, Laura M. Bogart, Glenn J. Wagner, David J. Klein & Ying-Tung Chen (2014) Conceptualisations of masculinity and self-reported medication adherence among HIV-positive Latino men in Los Angeles, California, USA, Culture, Health & Sexuality,16:6, 697-709, DOI: 10.1080/13691058.2014.902102
9. Sullivan PS, Campsmith ML, Nakamura GV, Begley EB, Schulden J, Nakashima AK (2007) Patient and Regimen Characteristics Associated with Self-Reported Nonadherence to Antiretroviral Therapy. PLoS ONE 2(6): e552. https://doi.org/10.1371/journal.pone.0000552
10. Centers for Disease Control and Prevention. HIV Surveillance Report, 2016; vol. 28. http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html. Published November 2017.